

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-013379

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 945

FILED MAR 27 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 1 DAY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL		d. STREET ADDRESS (If outside, give location) 7109 WOODROW	
3. NAME OF DECEASED (Type or print) First THOMAS Middle F. Last BANKSTON SR.		4. DATE OF DEATH Month 3 Day 19 Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-21-92
9. AGE (last birthday) 69 YEARS		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOREKEEPER		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC FIRM	
11. BIRTHPLACE (City and state or country) NORMAN, OKLA.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE T. BANKSTON		13b. MOTHER'S MAIDEN NAME SUSAN REED	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT THOMAS F. BANKSTON JR. (Son) Address 7109 Woodrow, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE, CHRONIC		INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ENLARGEMENT OF RIGHT HEART DUE TO (c) PULMONARY EMPHYSEMA			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:45 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ST. LOUIS		
20g. COUNTY ST. LOUIS		20h. STATE MO.	
21. attended the deceased from 3-18-62 to 3-19-62 Death occurred at 9:45 pm on the date stated above, and to the best of my knowledge, from the causes stated:		22a. SIGNATURE R. W. Brangle (Degree or title) M.D.	
22b. ADDRESS VET. ADM. HOSPITAL, JEFF. BRKS., MO.		22c. DATE SIGNED 3-20-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-22-62	23c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	23d. LOCATION (City, town, or county) (State) Belleville Ill.
24. FUNERAL DIRECTOR Glenn M. Montgomery		25. DATE RECD. BY LOCAL REG. 3-21-62	
26. REGISTRAR'S SIGNATURE John M. Murphy M.D.		27. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene A. Hutchins

Licensed Embalmer No.

4466

P. O. Address

FLORISSANT, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.